TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Sentrix Pharmacy

Respondent Name
Liberty Insurance Corporation

MFDR Tracking Number
M4-16-2561-01

Carrier's Austin Representative
Box Number 1

MFDR Date Received
April 25, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It must be noted that the Carrier relies upon a review that was conducted by a health care provider who does not possess the same specialized training and knowledge as the prescribing physician. Based on the prescribing physician's professional certification, training, and experience as a medical doctor and orthopedic specialist, the subject services were medically necessary and comport with the prescribed treatment plan for the injuries sustained by the injured employee. The Pharmacy seeks payment of the claim in full."

Amount in Dispute: $1144.85

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment was issued on May 2, 2016 through we show no record that the peer review was overturned."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 28, 2015	Prescription Medication (Compound Cream)	$1144.85	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - X435 – Based on peer review, further treatment is not recommended.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Does a dispute exist for the services in question?

Findings

The insurance carrier denied disputed services with claim adjustment reason code X435 – "BASED ON PEER REVIEW, FURTHER TREATMENT IS NOT RECOMMENDED." Review of the submitted documentation finds that the insurance carrier did not maintain their denial at medical fee dispute and paid the requested amount in full on April 28, 2016. The division finds that a dispute no longer exists for the services in question.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	May 27, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.